

# [ ~~CHANGE IN OWNERSHIP CERTIFICATION~~ ]

Facility Name	<div style="display: flex; justify-content: space-between;"> <span>KPDES No.</span> <span>KNDOP No.</span> <span>Other</span> </div>
Previous Facility Name (if changed)	<div style="display: flex; justify-content: space-between;"> <span>Permit Number:</span> <span>County</span> </div>

<u>Name of New Owner or Authorized Representative</u>	
<u>Company Name</u>	
<u>Address of New Owner (Street, City, State, Zip Code)</u>	
<u>Telephone No. of Owner/Authorized Representative</u>	
<u>Location Address of Facility</u>	
<u>Effective Date of Transfer</u>	
<u>Previous Owner Name</u>	(       )       -

Indicate an alternate address where the Discharge Monitoring Report (DMR) forms should be sent **only if different from the new owner name or address listed above.** These DMR forms are preprinted with permit limitations and are mailed out each quarter.

Alternate DMR Mailing Name	
Alternate DMR Mailing Address	
<p><b><del>If Submitted by New Owner:</del></b>          I hereby certify that I have or that I will assume ownership and all responsibility for meeting the permit conditions of the Commonwealth of Kentucky relating to water quality at the permitted facility listed above on the effective date of transfer indicated.</p>	

Signature of New Owner or Authorized Representative	Date
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**~~If Submitted by Prior Owner:~~**

~~I hereby certify that I have agreed to transfer of ownership and all responsibility for meeting the permit conditions of the Commonwealth of Kentucky relating to water quality at the permitted facility listed above on the effective date of transfer indicated. If the new owner has not signed this certification, I have attached a signed copy of the contractual agreement related to the transfer of this facility.~~

Signature of Previous Owner or Authorized Representative	Date
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**~~A transfer of a permit is not effective until acknowledged by the Cabinet.~~**

**~~Questions on completing this form?~~** ——— ~~Contact the Surface Water Permits Branch at (502) 564 3410.~~

**~~Complete and return this form to:~~** ——— ~~Division of Water, Surface Water Permits Branch  
200 Fair Oaks Lane  
Frankfort, KY 40601~~